

ASHBOURNE
RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF

THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDING 31st DECEMBER, 1896.

Parwich.

Ashbourne.

Derbyshire.

20: 11: 87.

Dear Sir,

In reply to your received -
I will gladly send you a
copy of my Annual Report -
it was presented to my Council
at their last meeting & was ordered
to be printed - I will therefore
wait send you a printed copy
when I receive them, as that
will be more convenient for you
than a manuscript one.

Yours faithfully
Chas. R. Porter.

The Librarian
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B. M. Allen?



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TO THE CHAIRMAN AND MEMBERS

OF THE

ASHBOURNE RURAL DISTRICT COUNCIL.

GENTLEMEN,

It is my duty as your Medical Officer of Health, to present to your Council my Report for the year ending 31st December, 1896.

I would first remind you, Gentlemen, that my appointment only dates from October 1st, 1896, and I therefore cannot hold myself responsible for work done previously to that date. Unfortunately my predecessor in office, at his death, left no notes of work done, but I have endeavoured to collect as much information as possible. The difficulty is increased by the fact that Death also robbed you of your Sanitary Inspector in the month of June.

Area in Acres. The area of the District as estimated at Lady Day, 1896, was 69,692 acres, this being divided among 43 Parishes.

Population. The estimation of Population is always open to fallacy, but in the case of your District estimation from the Census returns in the usual manner, would give an wholly wrong impression; firstly, because the limits of the District have been altered since the Census of 1881, and secondly, on account of the large influx of men working on the new Ashbourne and Buxton Railway.

The Population for the year 1895 was estimated at 10,631, and during the past year there has been a natural increase, (that is excess of births registered over deaths) of 105. On enquiry at the Contractors' Office I am told that the average number of men working on the new line, and residing outside the Ashbourne Urban District is 500. A portion of these live in the Bakewell Rural District, but allowing for these and adding for the women and children in the District, we may take the "Navy Population" as 600. The entire population for your District would thus be 11,336.

Vital Statistics.

These will be found in detail in the tables of the Local Government Board attached to this Report, but for convenience I may briefly give them here. It will be noticed that I group the Parishes in the District according to the Registration Sub-districts in vogue during the greater part of the year.

Births.

There were 272 Births registered during the year, 137 being males, and 135 females, equal to an annual birth rate of 23·9 per thousand, as compared with 26·1 the rate for the previous year. Of these births:—

56 (27 males, 29 females),	were registered during the 1st Quarter.
68 (37 males, 31 females),	„ „ „ 2nd „
81 (35 males, 46 females),	„ „ „ 3rd „
67 (38 males, 29 females),	„ „ „ 4th „

Deaths.

There were 167 Deaths registered, 85 of them males, and 82 females, equal to an annual death-rate of 14·7 per thousand, as compared with 13·5 the rate for the preceding year. The male death-rate was 7·5 per thousand of the total population, and the female 7·2.

The average age at death was 43·5 years. Sixty-four of the deaths occurred in persons of 65 years or more, 26 being males and 38 females, the mean age among these being 72·6 years.

The INFANTILE MORTALITY, (that is deaths occurring among children less than twelve months of age) was 21, 13 males and 8 females, equal to an annual rate of 77·2 per thousand births, as compared with 86·3 the rate for the previous year. These children lived to an average age of 1·3 months.

The number of deaths registered from ZYMOTIC DISEASES was 9, equal to an annual death-rate of 0·7, 5 of these occurring in children under five years of age; 1 death was due to Scarlet Fever, 2 to Diphtheria, 1 to Typhoid Fever, 2 to Puerperal Fever, 2 to Whooping Cough, and 1 to Diarrhoea.

There were 14 deaths from PHTHISIS, (or more than 8 per cent of the total deaths), equal to an annual rate of 1·2 per thousand, and 40 deaths were due to other Respiratory Diseases, equal to an annual rate of 3·5 per thousand.

In 22 cases (or more than 13 per cent of the total deaths), death was attributed to Heart Disease.

Six of the deaths were due to Injuries, and the verdict of the Coroner's Jury in two other cases was "Found Dead."

With regard to these Statistics it will be noted that the birth-rate for 1896 is lower than that for 1895. I think this may, in part, be explained by the Navy Population alluded to above, the birth-rate among them being lower than that of the regular residents. The general death-rate is rather higher than last year, but there is an improvement in the Infantile Mortality, and on enquiring into the causes

of death' in the latter class we find that of the 21 deaths 4 were certified as due to "Premature Birth," 2 as "weak from birth," 1 was due to injury, and of the remaining 14, 3 died within two days of birth. Thus, I think the District may be congratulated on its comparatively low Infantile Mortality. The Zymotic death rate remains the same as last year. The number of deaths attributed to Heart Disease appears large, but of the 22 deaths, 13 occurred in persons of sixty-five years or more, and none occurred in children under five years. The death-rate from Heart Disease is 1·9 per thousand, as compared with 2·2 the rate for last year.

Infectious Diseases.

During the year there were 87 cases of Infectious Disease notified in the District, Scarlet Fever being especially prevalent.

SCARLET FEVER. 61 cases of Scarlet Fever were notified, with 1 death, equal to a case rate of 5·3 per thousand of the population, with a case mortality of 1·6 per cent. The epidemic began in Tissington, the first two cases being notified on January 2nd. The disease would then appear to have spread to Fenny Bentley, 6 cases being notified from that Parish in February. The School was closed for six weeks from February 8th. Subsequently to the closing of the School cases were notified on February 18th, April 14th, 18th and 27th. In Tissington the disease remained almost constant all through the summer, the last case being notified on October 18th. The School here also was closed for a month from September 14th, and on account of the new case notified subsequently, the re-opening was delayed for another fortnight. The closing of the School in this case would seem to have had a marked effect, as only one case was notified afterwards, and that I believe to have been introduced from outside the village. The patient had been in service and only came home to Tissington because he was feeling ill, the rash developing about thirty hours later.

During October and November 12 cases of Scarlet Fever occurred at Thorpe, this series of cases apparently being infected from Tissington. In addition to these cases there were others scattered over the District. The Parishes affected were:—Ballidon 3 cases, Bradley 2, Brailsford 1, Carsington 1, Eaton and Alsop 1, Fenny Bentley 11, Hopton 1, Mappleton 1, Middleton-by-Wirksworth 2, Osmaston 2, Parwich 4, Shirley 3, Snelston 3, Thorpe 12, Tissington 13, and Yeldersley 1.

DIPHTHERIA. 7 cases were notified, 4 from Alkmonton, 2 from Hulland and 1 from Kniveton. At Alkmonton and Hulland the drainage was found to be defective, and was ordered to be put right. One death occurred at Alkmonton and 1 at Hulland. This was equal to a case-rate of 0·61 per thousand of population, with a case mortality of 28·5 per cent.

TYPHOID FEVER. 3 cases were notified, 1 at Hartington Nether Quarter and 2 at Brailsford. One of the cases at Brailsford was fatal. Case rate, 0·26 per thousand of population. Case mortality 33·3 per cent.

PUERPERAL FEVER. 2 cases were notified with one death. The case that recovered occurred in a house which at the time was infected with Scarlet

Fever- In addition to these there was a fatal case in January, which from the books would appear to have been un-notified, the patient dying from collapse in thirty hours.

ERYSIPELAS. 14 cases were notified with no death, equal to a case rate of 1·2 per thousand of population.

No cases were notified of any of the other diseases notifiable in the District.

MEASLES and WHOOPING-COUGH were very prevalent in some parts, more especially in the neighbourhood of Middleton-by-Wirksworth and Kirk Ireton. At the latter place and at Shirley the Schools were closed during September on account of the outbreak of Whooping-cough. Two deaths, both in children under five years of age were ascribed to Whooping-cough, both occurring at Middleton-by-Wirksworth.

Sanitary Work.

The work done officially by the Sanitary Inspectors will be found in Table C attached to this Report, but in addition to the matters referred to there, many minor nuisances have been remedied by your officers.

The nuisance at *Brailsford* complained of by your Medical Officer of Health in his Report of 1895, (viz. the open sewer), has been remedied under the direction of the Parish Council. The sewer has been lined with bricks and cement throughout, and should prove quite satisfactory, provided sufficient water can be obtained in summer for flushing. For this purpose two flushing tanks have been provided, both supplied by springs that "never run dry."

I may mention the village of *Tissington* as being in an especially insanitary condition. The pond lying close to the School, and on a higher level, should be filled up, and a large number of the trees should be hewn down. There is a small stream that flows through several fields used for grazing, and which is hence polluted by droppings of cattle; this stream after passing close under two pig-styes and a hen-house, and crossing the public road, runs through a small plantation much frequented by ducks and other poultry, and the ground of which is thick with rotting leaves, and then passing close to a public spring, empties itself into the pond mentioned above. The well is fed by a special spring but it is difficult to see how its water can avoid pollution from the stream. Most of the houses also are in a very defective condition, and the village requires house to house visitation. I would like your Sanitary Inspector to thoroughly overhaul the village as soon as his work as District Surveyor permits him.

Water Supply.

The Water Supply of your District is on the whole good, but the supply to the village of Middleton-by-Wirksworth is very defective in quantity. All summer the inhabitants were very short of water, but the Parish Council have now arranged to increase their supply.

Scavenging.

Your Council do not control the Scavenging in any part of the District, nor so far as I have been able to ascertain do any of the Parish Councils. At Brailsford water closets are chiefly used, but in other parts of the District it is usually the privy system. Your Sanitary Officers keep a sharp look out for any nuisance arising from the privies and many are emptied at their suggestion without formal notice. If any difficulty arises a formal notice for the removal of the nuisance is served.

Each case of Infectious Disease notified was visited by your Sanitary Inspector, and where he thought it desirable your Health Officer also visited the premises. I requested him to disinfect two of the houses infected with Scarlet Fever, and I have asked him in future to disinfect all houses infected. The only School remaining closed during my term of office, (namely that of Tissington), I ascertained had been thoroughly cleansed before I allowed it to be re-opened.

Suggestions.

As you are aware Gentlemen, I am required by the Local Government Board to suggest to you any improvements that I may think called for in the District. First and foremost I would suggest the erection of an *Isolation Hospital for Infectious Disease*. By combining with the Ashbourne Urban Council and the Sudbury Rural Council, a suitable Hospital could be obtained at little cost, compared to the advantages that would accrue. The epidemic of Scarlet Fever that has raged in the District during the last year should act as a warning. But it is no use waiting for the epidemic to come and then building a Hospital. The Hospital must be ready for the earliest cases, as it is by the isolation of them that the epidemic can be prevented, and prevention is at any time better than cure. I am glad to say a Hospital Tent has been obtained during the past year, but this is not sufficient. Until a Hospital could be obtained it would be of advantage if the Council could arrange for some trustworthy cottagers, (without children), to receive and nurse infectious cases from the more populous neighbourhoods. The need of some such arrangement as this was felt at Thorpe in November, when a case of Scarlet Fever occurred at the Post Office. A neighbour kindly took the patient (who was seen very early in his illness), and nursed him until declared free from infection, otherwise the work of the Post Office would have required to be stopped or the risk run of a very wide spread of the Disease.

My second suggestion would be that a proper *Code of Bye-laws* be adopted. At present the Council has no power over buildings until they are erected, and then if condemned they may order them to be pulled down. Surely the more desirable way would be for the plans to be submitted to the Council before the building was erected. The dwelling condemned in December at Hartington Nether Quarter would never have been built had it been necessary for the plans to be first passed by the Council. The Bye-laws should also give your Sanitary Officers more control over cases of Infectious Disease and of persons coming in contact with them.

There is a large amount of Sanitary work that requires to be done in your District, but I think a great part of it might be done privately by the Landowners. I therefore propose to endeavour first to get as much done as possible in this manner, and so save the valuable time of the Council.

I would take this opportunity, Gentlemen, of congratulating you on having obtained during the past year, the services of such able Sanitary Inspectors as Mr. Bailey, and his Assistant, Mr. Boden.

I am indebted to the Annual Report of Dr. Barwise, (County Medical Officer); for the Vital Statistics of 1895, used in making the comparisons contained in this Report.

I beg to remain, Gentlemen,

Your Obedient Servant,

CHARLES E. POTTER.

Parwich, February 17th, 1897.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; public institutions being shown as separate localities. (See note 4 on back of sheet.) (Columns for Population and Births are in Table B.)	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.								MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																		TOTAL				
	At all ages.	Under 1 year.							Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	FEBERS.				Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.		*	Injuries.	All Other Diseases.	
		Under 1 year.	1 and under 5.		5 and under 15.		15 and under 25.							Continued.	Relapsing.	Puerperal.															
			(c)	(d)	(e)	(f)	(g)	(h)									(i)														
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
Admaston	1			1				Under 5 5 upwds.			1																			1	
Bradford	8	2				3	3	Under 5 5 upwds.						1										1	2					2	2
Hollingdon	2					2		Under 5 5 upwds.																		1				1	2
Thurton Bentley	1					1		Under 5 5 upwds.																						1	1
Sheldand Wood	4		1			2	1	Under 5 5 upwds.			1													1						1	1
Longford	5	1		1		1	2	Under 5 5 upwds.																	1	1				3	4
Thornorton	2	1					1	Under 5 5 upwds.																	1					1	1
Rodaleay	1		1					Under 5 5 upwds.																			1			1	1
Whitley	5	1				1	3	Under 5 5 upwds.																		2				2	4
Heaveley	4					2	2	Under 5 5 upwds.																	1					3	4
TOTALS								Under 5 5 upwds.																							

The subjoined numbers have also to be taken into account in judging of the above records of mortality. See Note 5 on back.

Deaths occurring outside the district among persons belonging thereto.																															
Deaths occurring within the district among persons not belonging thereto.																															

* The heading of column 19 is left blank for the insertion of Influenza, or any other disease which it may be thought desirable to record.

NOTES ON TABLES A AND B.

- NOTE 1. *Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.*
2. *Medical Officers of Health acting for a portion only of the District of a District Council should write, in the heading of the Table, the designation of the Division for which they act.*
3. *The words "Urban," "Rural," or "Metropolitan" must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.*
4. *The "Localities" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.*

As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received are Public Institutions for the purpose of these statistics.

5. *The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, e.g., the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.*

Area and Population of the District or Division to which this Return relates.	
Area in Acres _____	
Population (1891) _____	
" (Estimated to) middle of 1896) _____	
Death Rates.	{ General _____ { per 1,000 Population, esti- mated to middle of 1896.
	{ Infant (under one year of age) _____ { per 1,000 Births Registered.

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

Medical Officer of Health.

(Date)

, 1897.

MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.										MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																	22			
NAMES OF LOCALITIES adopted for the purpose of these Statistics; public institutions being shown as separate localities. (See note 4 on back of sheet.) (Columns for Population and Births are in Table B.)	(b) At all ages.	(c) Under 1 year.	(d) 1 and under 5.	(e) 5 and under 15.	(f) 15 and under 25.	(g) 25 and under 65.	(h) 65 and upwards.	(i)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Total
									FEVERS.						Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.	*	Injuries.	All Other Diseases.				
									Typhus.	Enteric or Typhoid.	Continued	Relapsing	Puerperal.																	
Abbreviated Registration District.																														
Mayfield R.D.																														
Alphington	3	1				2		Under 5; 5 upwds.																	1				1	1
Arundel	6						2	Under 5; 5 upwds.																	2	3			1	6
Atton	1						1	Under 5; 5 upwds.																					1	1
Bradley	3	2					1	Under 5; 5 upwds.																	1				2	2
Salisbury Wharfedale	2					1	1	Under 5; 5 upwds.														1				1			1	2
Thurston	4	2				1	1	Under 5; 5 upwds.																1					1	2
Kendal	3					1	2	Under 5; 5 upwds.																1					2	3
West Thurston	6	1				1	4	Under 5; 5 upwds.																	1	1	1		2	5
Doncaster	5	1	1			1	2	Under 5; 5 upwds.																	2	1			2	3
Sturton	4	2		1		1		Under 5; 5 upwds.																	1				2	2
Yellandley	2	1					1	Under 5; 5 upwds.																	1				1	1

The subjoined numbers have also to be taken into account in judging of the above records of mortality. See Note 5 on back.

Deaths occurring outside the district among persons belonging thereto.																															
Deaths occurring within the district among persons not belonging thereto.																															

* The heading of column 19 is left blank for the insertion of Influenza, or any other disease which it may be thought desirable to record.

NOTES ON TABLES A AND B.

NOTE 1. *Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.*

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3. *The words "Urban," "Rural," or "Metropolitan" must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.*

4. *The "Localities" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.*

As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmarys, Asylums, and other establishments into which numbers of people, and especially of sick people, are received are Public Institutions for the purpose of these statistics.

5. *The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, e.g., the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.*

Area and Population of the District or Division to which this Return relates.	
Area in Acres _____	
Population (1891) _____	
" (Estimated to) (middle of 1896) _____	
Death Rates.	General _____
	Infant (under one year of age) _____
	per 1,000 Population, estimated to middle of 1896.
	per 1,000 Births Registered.

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

Medical Officer of Health.

(Date) _____

, 1897.

K² 11.
(B)

TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1896, in the District ; classified according to DISEASES, AGES and LOCALITIES.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities. (See Note 2 on back of sheet.)	POPULATION AT ALL AGES.		Registered Births.	Aged under 5 or over 5.	NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.													NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	Census 1891.	Estimated to middle of 1896.			1	2	3	4	FEVERS.				9	10	11	12	13	1	2	3	4	FEVERS.				10	11	12	13																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
									Typhus.	Enteric or Typhoid.	Continued	Relapsing										Typhus.	Enteric or Typhoid.	Continued	Relapsing																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
(a.)	(b.)	(c.)	(d.)	(e.)	Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued	Relapsing	Puerperal	Cholera.	Erysipelas.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					</

State here whether "Notification of Infectious Disease" is compulsory in the District . Since when ?

blank headings the names of any that are notifiable in the District, and fill the columns accordingly. State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which such Hospital is situated ; and if not within the District, state where it is situated

Besides the above-mentioned Diseases, insert in the columns with

NOTES ON TABLE **B.**

(See also Notes on back of Table A.)

- NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the district or division to which the Table relates.
2. As stated in the heading of Col. (a), *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmarys, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.
3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of consumption and other prevalent diseases, should be made in the text of the Report.*

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities. (See Note 2 on back of sheet.)	POPULATION AT ALL AGES.				NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.													NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITAL.												
	Census 1891.	Estimated to middle of 1896.	Registered Births.	Aged under 5 or over 5.	1	2	3	4	FEVERS.					10	11	12	13	1	2	3	4	FEVERS.					10	11	12	13
									Typhus.	Enteric or Typhoid.	Continued	Relapsing	Puerperal									Typhus.	Enteric or Typhoid.	Continued	Relapsing	Puerperal				
(a.)	(b.)	(c.)	(d.)	(e.)	Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued	Relapsing	Puerperal	Cholera.	Erysipelas.			Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued	Relapsing	Puerperal	Cholera.	Erysipelas.		
Indian Island Hotel	27	27	-	Under 5 5 upwds.																										
Alle	57	59	2	Under 5 5 upwds.																										
Kirk Island	514	524	13	Under 5 5 upwds.																										
Quinalan	269	272	6	Under 5 5 upwds.			1																							
Sea Hall	15	14	-	Under 5 5 upwds.																										
Lampford	361	367	11	Under 5 5 upwds.											2															
Braytherton	225	228	5	Under 5 5 upwds.		1																								
Howe Island	97	97	2	Under 5 5 upwds.																										
Middlebury-ly-Whitcomb	1007	1022	33	Under 5 5 upwds.		2																								
Heath's Garage	47	87	1	Under 5 5 upwds.																										
Officer's and Hudsonwood	248	246	4	Under 5 5 upwds.											2															
TOTALS				Under 5 5 upwds.		3	1								4															

State here whether "Notification of Infectious Disease" is compulsory in the District _____ Since when? _____ Besides the above-mentioned Diseases, insert in the columns with blank headings the names of any that are notifiable in the District, and fill the columns accordingly. Mark (H) the Locality in which such Hospital is situated; and if not within the District, state where it is situated _____ State here the name of the Isolation Hospital used by the sick of the District. _____

NOTES ON TABLE **B.**

(See also Notes on back of Table A.)

- NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the district or division to which the Table relates.
2. As stated in the heading of Col. (a), *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.
3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of consumption and other prevalent diseases, should be made in the text of the Report.*

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities. (See Note 2 on back of sheet.)	POPULATION AT ALL AGES.				NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.													NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITAL.													
	(a.)	(b.)	(c.)	(d.)	Aged under 5 or over 5.																										
						1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7	8	9	10	11	12	13
Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued	Relapsing	Puerperal	Cholera.	Erysipelas.																					
Canary Ln	206	206	1	Under 5 upwds.	1																										
Alpha Lomb Ln	537	545	11	Under 5 upwds.																											
Eden & Deep	66	145	2	Under 5 upwds.	1																										
Eden Ln and Wynd Ln	183	182	1	Under 5 upwds.																											
Starling Ln Four Quarters	401	450	10	Under 5 upwds.																											
Starling Ln Water Quarters	325	624	11	Under 5 upwds.																											
Thames Ln	253	258	7	Under 5 upwds.																											
Thames Ln	181	183	4	Under 5 upwds.																											
Thames Ln	99	101	3	Under 5 upwds.	1																										
Thames Ln	222	229	11	Under 5 upwds.		1																									
Thames Ln	392	398	10	Under 5 upwds.																											
TOTALS				Under 5 upwds.	1	2	1			1																					

State here whether "Notification of Infectious Disease" is compulsory in the District _____ Since when? _____

blank headings the names of any that are notifiable in the District, and fill the columns accordingly. State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which such Hospital is situated; and if not within the District, state where it is situated _____

Besides the above-mentioned Diseases, insert in the columns with

NOTES ON TABLE B.

(See also Notes on back of Table A.)

- NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the district or division to which the Table relates.
2. As stated in the heading of Col. (a), *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.
3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of consumption and other prevalent diseases, should be made in the text of the Report.*

TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1896, in the Adoborn District; classified according to DISEASES, AGES and LOCALITIES.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities. (See Note 2 on back of sheet.)	POPULATION AT ALL AGES.			Registered Births.	Aged under 5 or over 5.	NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.													NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
	(a.)	(b.)	(c.)			(d.)	(e.)	1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7	8	9	10	11	12	13																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
								Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued	Relapsing	Puerperal	Cholera.	Erysipelas.								Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued	Relapsing	Puerperal	Cholera.	Erysipelas.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													

State here whether "Notification of Infectious Disease" is compulsory in the District Yes. Since when? July 1895. Besides the above-mentioned Diseases, insert in the columns with blank headings the names of any that are notifiable in the District, and fill the columns accordingly. State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which such Hospital is situated; and if not within the District, state where it is situated.

NOTES ON TABLE B.

(See also Notes on back of Table A.)

NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the district or division to which the Table relates.

2. As stated in the heading of Col. (a), *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.

3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of consumption and other prevalent diseases, should be made in the text of the Report.*

(A)

Table of DEATHS during the Year 1896, in the RURAL SANITARY DISTRICT of ASHBOURNE, classified according to Diseases, Ages, and Localities.

[illegible]

NAMES OF LOCALITIES adopted for the purpose of these Statistics; public institutions being shown as separate localities. (See note 4 on back of sheet.) (Columns for Population and Births are in Table B.)	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.								MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																			Totals			
	At all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	(i)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		20	21	

The subjoined numbers have also to be taken into account in judging of the above records of mortality. See Note 5 on back.

Deaths occurring outside the district among persons belonging thereto.																										
Deaths occurring within the district among persons not belonging thereto.																										

* The heading of column 19 is left blank for the insertion of Influenza, or any other disease which it may be thought desirable to record.

NOTES ON TABLES A AND B.

- NOTE 1. *Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.*
2. *Medical Officers of Health acting for a portion only of the District of a District Council should write, in the heading of the Table, the designation of the Division for which they act.*
3. *The words "Urban," "Rural," or "Metropolitan" must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.*
4. *The "Localities" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.*

As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received are Public Institutions for the purpose of these statistics.

5. *The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, e.g., the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.*

Area and Population of the District or Division to which this Return relates.		
Area in Acres _____		
Population (1891) _____		
" (Estimated to middle of 1896) _____		
Death Rates.	General _____	{ per 1,000 Population, esti- mated to middle of 1896.
	Infant (under one year of age) _____	
		{ per 1,000 Births Registered.

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

Medical Officer of Health.

(Date) _____, 1897.

TABLE OF DEATHS during the Year 1896, in the Cedron District, classified according to DISEASES, AGES, and LOCALITIES.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; public institutions being shown as separate localities. (See note 4 on back of sheet.) (Columns for Population and Births are in Table B.)	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.								MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																									
	At all ages.	Under 1 year.	Under 5 years.						Under 5 and upwards.	1	2	3	4	FEVERS.					10	11	12	13	14	15	16	17	18	19	20	21	22			
			1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Typhus.						Typhoid.																				
														Enteric or Typhoid.	Continued	Relapsing																		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	5	6	7	8	9	Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.	*	Injuries.	All Other Diseases.	TOTAL.				
Madbourne	1					1		Under 5 5 upwds.																								1	1	
Brassington	14	1	1	1		2	9	Under 5 5 upwds.																		2	2				2	2	2	12
Calcar	2						2	Under 5 5 upwds.																		1					1	1	2	
Carvinton	1					1		Under 5 5 upwds.																							1	1	1	
Stagwater	2	1					1	Under 5 5 upwds.																		1					1	1	1	
Stapton	1						1	Under 5 5 upwds.																			1				1	1	1	
Kirkstall	3	1				2		Under 5 5 upwds.																							4	2	2	
Middleton 4-Whitland	18	3	5	2		3	5	Under 5 5 upwds.													2					3	2	1			3	4	8	10
TOTALS	167	21	16	9	5	52	64	Under 5 5 upwds.		1	1				1		2				2	1			14	11	22		1	5	20	56	37	130

The subjoined numbers have also to be taken into account in judging of the above records of mortality. See Note 5 on back.

Deaths occurring outside the district among persons belonging thereto.

Deaths occurring within the district among persons not belonging thereto.

* The heading of column 19 is left blank for the insertion of Influenza, or any other disease which it may be thought desirable to record.

NOTES ON TABLES A AND B.

- NOTE 1. *Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.*
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4. *The "Localities" adopted for the purpose of these statistics should be areas of known population ; such as parishes, groups of parishes, townships or wards.*

As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmarys, Asylums, and other establishments into which numbers of people, and especially of sick people, are received are Public Institutions for the purpose of these statistics.

5. *The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, e.g., the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.*

Area and Population of the District or Division to which this Return relates.	
Area in Acres _____	
Population (1891) _____	
" (Estimated to middle of 1896) _____	
Death Rates.	{ General _____ { per 1,000 Population, esti- mated to middle of 1896.
	{ Infant (under one year of age) _____ { per 1,000 Births Registered.

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

Medical Officer of Health.

(Date) _____, 1897.

TABLE C.

Summary of Sanitary Work done in the Inspector of Nuisances' Department, during the Year 1896, in the Derbyshire portion of the RURAL SANITARY DISTRICT OF ASHBOURNE.

					Inspections or Observa- tions made.	Informal Notices served by Inspector.	Legal Notices by Authority.	Nuisances abated after Notice.
DWELLING HOUSES AND SCHOOLS.	{	Foul Conditions	...	...	5	2	1	3
		Structural Defects	...	...	10	6	4	5
		Overcrowding	...	...	6	5	2	5
		Cow Sheds	...	...	17			
		Slaughter-houses	...	...	5			
		Ashpits and Privies	...	...	10	6	1	6
		Deposits of refuse and manure	...		5	4	1	3
		Water Closets	...	...	3	1		1
HOUSE DRAINS	{	Defective Traps	...	...	2	1		2
		No disconnection	...	...	1	1		1
		Other faults,—no ventilation	...		3	2		2
		Water Supply	...	...	9	4	1	5
		Pig-styes	...	...	5	4	1	4
		Animals improperly kept	...	...	2	1		1
		Other nuisances, [river pollution, water pollution in wells, defective sewers, &c.]	..	..	20	12		10
		TOTALS					93	49	11	48

Houses disinfected after Infectious Disease, 2

